Effective December 8, 2004										10/565781			
CLAIMS AS FILED - PART I								SMALL EN	17177	******			
US	NATIONAL	STACE FEED	(Column 1)			(Column 2)	ī	TYPE		OF		R THAN ENTITY	
U.S. NATIONAL STAGE FEES								RATE	FEE		RATE	FEE	
BASIC FEE			<del> </del>			GE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	300	
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50/\$100			ther situations = \$ 100 / \$ 200		EXAM. FEE	1	1	EXAM. FEE		
SEARCH FEE			All other situations (ie. No U.S. Search Rpt.) Al = \$ 250 / \$ 500			ISA = \$50 / \$100 other countries = \$ 200 / \$400		SEARCH FEE	1		SEARCH FEE	400	
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/ 50 =		X \$ 125 =		1	X \$ 250 =	700	
TOTAL CHARGEABLE CLAIMS			37 minus 20 = *			17		X \$ 25 =	<del> </del>	OR	× \$ 50 =	752	
INDEPENDENT CLAIMS			7 minus 3 = *			4		X \$ 100 =	<b> </b>	OR	X \$ 200 =	850	
MUL	TIPLE DEPEN	DENT CLAIM PR	SENT			<u>'</u>		+ \$ 180 =	<del> </del>	1	ļ	860	
* If	the difference	in column 1 is	less than zero	o, enter "0	" in co	olumn 2	ı	TOTAL		OR	+ \$ 360 =	100	
·									L	OR	TOTAL	<b>822</b>	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST								SMALL E	ENTITY	OR	OTHER SMALL E		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X \$ 25 =		OR	X \$ 50 =		
	Independent	*	Minus	***		=.		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =		
							٠.	TOTAL ADDIT. FFF		OR	TOTAL ADDIT.		
		(Column 1)		(0-1	•			•			+++-		
		CLAIMS		(Colum	ST	(Column 3)	Г		4551			·	
AMENDMENT B	·	REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	<u> </u>	Minus	**		=		·X \$ 25 =		OR	X \$ 50 =		
	Independent	*	Minus	***				X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =		
										OR	TOTAL ADDIT.		
			•					_					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" (IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" (IN THIS SPACE is less than '2', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
FORM	PTO-875 (Rev. 02)	(2005)										i	

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